

**COUNTY OF FAIRFAX****Department of Planning and Zoning****Zoning Evaluation Division**

12055 Government Center Parkway, Suite 801

Fairfax, VA 22035 (703) 324-1290, TTY 711

[www.fairfaxcounty.gov/dpz/zoning/applications](http://www.fairfaxcounty.gov/dpz/zoning/applications)**APPLICATION No:** \_\_\_\_\_

(Staff will assign)

RECEIVED  
Department of Planning & Zoning

MAR 25 2015

Zoning Evaluation Division

**APPLICATION FOR A SPECIAL PERMIT**

(PLEASE TYPE or PRINT IN BLACK INK)

<b>APPLICANT</b>	<b>NAME</b> Myriam Isaza / Mommy's Daycare	
	<b>MAILING ADDRESS</b> 1834 Gilson St., Falls Church, VA 22043	
	<b>PHONE HOME</b> (703 ) 288-0209 <b>WORK</b> ( )	
	<b>PHONE MOBILE</b> (703 ) 627-1187	
<b>PROPERTY INFORMATION</b>	<b>PROPERTY ADDRESS</b> 1834 Gilson St., Falls Church, VA 22043	
	<b>TAX MAP NO.</b> 0401 16 0121	<b>SIZE (ACRES/SQ FT)</b> 11,200 sq ft
	<b>ZONING DISTRICT</b> R-4	<b>MAGISTERIAL DISTRICT</b> Dranesville
	<b>PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:</b> N/A	
<b>SPECIAL PERMIT REQUEST INFORMATION</b>	<b>ZONING ORDINANCE SECTION</b> 8-305 and 8-914	
	<b>PROPOSED USE</b> Home Child Care Facility and reduction to the minimum yard requirements based on error in building location to permit an accessory storage structure to remain <u>1.7</u> from a rear lot line.	
<b>AGENT/CONTACT INFORMATION</b>	<b>NAME</b> N/A	
	<b>MAILING ADDRESS</b> <u>1834 Gilson St. Falls Church VA 22043</u>	
	<b>PHONE HOME</b> (703) 288-0209 <b>WORK</b> ( )	
	<b>PHONE MOBILE</b> (703) 627-1187	
<b>MAILING</b>	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact	
<b>The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.</b>		
<u>Myriam Isaza</u> <b>TYPE/PRINT NAME OF APPLICANT/AGENT</b>		<u>Myriam Isaza</u> <b>SIGNATURE OF APPLICANT/AGENT</b> SP 2013-0302

DO NOT WRITE IN THIS SPACE

Date Application accepted: \_\_\_\_\_

Application Fee Paid: \$ \_\_\_\_\_